



VA E-mail News

Mission: To provide high quality, cost effective health care for America's veterans that exceeds their expectations and is enriched by outstanding research and education.

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Kenneth J. Clark, Network Director

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scheduled to be completed within 2 years. VA launched CARES to help bring its aging health care system into the 21st century, which was designed decades ago when inpatient care was its primary focus, with long admissions for diagnosis and treatment. With changes in geographic concentrations of veterans and new methods of medical treatment, VA's medical system was not providing care, as efficiently as possible and medical services were not always easily accessible to some veterans. During the next 18 months, networks will collect data and facility information for planning initiatives that will provide the best care for veterans today and in the future. Stakeholder opinions will be solicited and will be an important part of the decision process, as will be the preservation of special services, such as those provided paralyzed veterans. Once completed, an independent commission selected by the VA Secretary will evaluate the draft National CARES Plan. For more information on CARES, go to: <http://www.va.gov/CARES>.

VA BEGINS PHASE II OF CARES PROCESS

VA is beginning Phase II of its national initiative to ensure its health care system meets the needs of veterans today and in the future. This initiative is part of VA's health care planning process called Capital Asset Realignment for Enhanced Services (CARES). Phase I was conducted in the Chicago area and was completed in February 2002. Phase II will include the rest of the VA health care system and is

Check out these Web sites

Network 22 Internet Site:

<http://www.visn22.med.va.gov/>

VA Compensation & Pension Benefits:

<http://www.vba.va.gov/bln/21/index.htm>

VA Memorial Benefits:

<http://www.cem.va.gov/>

VA Vocational Rehabilitation - Employment

<http://www.vba.va.gov/bln/vre/index.htm>

VA SECRETARY SUPPORTS HOMELAND SECURITY DEPARTMENT

VA Secretary Anthony J. Principi praised President Bush's proposal to create a new Department of Homeland Security, calling it "*a bold, correct and logical step*" in response to the attacks on September 11th. VA will work closely with the new department through VA's role as a back-up medical system to the country during emergencies and natural disasters. VA's ongoing efforts in emergency preparedness range from purchasing and maintaining stockpiles of pharmaceuticals to training teams of professionals who assist communities with psychological after-effects of traumatic events. According to the President's FY 2003 budget request, the Department of Homeland Security would be among the top five in terms of both size and number of employees - the civilian workforce is expected to be 170,000 – just under VA at 226,000. If approved by Congress, the Department of Homeland Security would replace VA as the youngest federal department since 1984.

VA AND ARMY TO SHARE HEART SURGEONS

VA and the Army have extended their partnership with a unique agreement that will send active-duty heart surgeons to VA medical centers. This agreement will enhance the high quality care veterans receive by providing additionally fully trained physicians in an important specialty as well as ensuring that the Army Medical Corps has sufficient patients for clinical and surgical proficiency. Under the terms of the agreement, four active-duty Army cardiothoracic surgeons will work at VA medical centers for three years. Historically, VA has served and continues to serve as the back-up medical system for the military during wartime. That relationship has strengthened in recent years with agreements that range from sharing facilities to combining the purchasing power of the two federal departments to buy pharmaceuticals. In February, senior officials of VA/DoD held meetings of the Executive and Health Benefits Councils to intensify cooperation in health care services, benefits delivery, information sharing and capital asset coordination.

VA RESEARCHERS ASSESS ANEURYSM SURGERY RISK

New research reported in the Journal of the American Medical Association, may help doctors decide when it's safe to operate on high-risk patients with abdominal aortic aneurysms. Dr. Frank A. Lederle, from the VAMC Minneapolis, observed 198 people with abdominal aortic aneurysms and determined that the risk of rupture increases dramatically as aneurysms grow beyond 5.5 cm. (2.2 inches) in

diameter. The patients' aneurysms were evaluated every 6 months with ultrasound – the average follow-up period was 1.5 years. An aortic aneurysm occurs when a bulge forms in the wall of the abdominal aorta, which delivers blood to internal organs in the lower part of the body. It is estimated that 200,000 Americans have such aneurysms and about 15,000 die from all aortic aneurysms (AA), including elective surgery deaths and thoracic AA's - it is estimated that 9,000 die from aortic aneurysms. Poor health or serious illness may make surgery to repair the aneurysm more of a risk than a possible rupture. The ability to make an accurate risk assessment based on the size of the aneurysm will help physicians and patients make more informed decisions about whether to have surgery. It is estimated that abdominal aortic aneurysms occur in 5 to 7 percent of Americans over the age of 60 and often show no symptoms until they burst. (Thanks to Dr. Frank A. Lederle)

HUNGER HORMONE MAY BE KEY TO WEIGHT LOSS

A recent study led by a team at VA Puget Sound Health Care System and the University of Washington, discovered that when blood samples from dieters and gastric-bypass patients were compared, they found dramatic differences in the levels of ghrelin, a hormone secreted by the stomach. The hormone was first identified by Japanese researchers in 1999, and was shown by British scientists last year to trigger appetite in humans – the first identified hormone to do this. The study shows that dieting raises ghrelin, while gastric bypass surgery sharply reduces it – almost to undetectable levels. The research is the first to document the effects of low-calorie dieting versus gastric bypass surgery. According to lead author, David E. Cummings, M.D., the findings not only shed light on what may be an underlying reason for the success of gastric bypass surgery, but also raise the possibility of a new generation of safer, more effective weight-loss drugs. "*If the absence of ghrelin contributes to the effectiveness of gastric bypass surgery, then we may be able to achieve at least some of that weight loss by blocking ghrelin medically. If this approach works*", he said, "*then it might be something we could use, even for people who are only moderately overweight.*" To test the theory, researchers analyzed blood samples from 13 obese patients before and after a six-month low fat, low-calorie diet, and from five patients who had undergone gastric-bypass surgery within the past three-years. The dieters lost an average of 17 percent of their body weight – their ghrelin levels rose 24 percent. The surgery group lost an average of 36 percent of their weight, and their ghrelin levels had sunk a remarkable 77 percent below normal, and 72 percent below the dieters' level. VA and the National Institutes of Health funded the research.

You can read all about the study in the website for the NEJM:
http://content.nejm.org/cgi/search?fulltext=ghrelin&sortspec=PUBDATE_SORTDATE+desc+Score+desc

VA TO REFORM HEALTH CARE PROCUREMENT PROCESS

The VA Secretary recently announced more than 60 reforms to the department's nearly \$6 million-a-year contracting operations that will improve efficiency and extend VA's purchasing power for its health care system. VA's Procurement Reform Task Force recommended improvements in the department's complex system for purchasing everything from X-ray equipment to bandages. Although 2001 purchases were worth \$5.8 billion, multi-year contracts on the books are worth more than \$10 billion. The more than 1,000 multi-year contracts currently in effect cover pharmaceuticals, medical, dental and surgical supplies, medications, equipment and laboratory items not only for the health care needs of veterans, but also medical purchases for several other governmental agencies – DoD, the Coast Guard, Public Health Service, Indian Health Service and the Bureau of Prisons, for which VA spent over \$3 billion. After DoD, VA has the second largest number of purchases – more than 2 million in 2000 – even though it ranks sixth in procurement spending. The reforms adopted will enable VA to achieve five goals: leverage purchasing power; standardize equipment and supplies; obtain and improve comprehensive procurement information; enhance organizational effectiveness and ensure a sufficient and talented acquisition workforce. More information can be obtained at: <http://www.va.gov/prtf>.

NEW SOFTWARE WILL SPEED CLAIMS PROCESSING

To further reduce the time it takes to process veterans' claims for disability compensation, VA developed new software that will help Veterans' Service Organizations (VSO) prepare claims on behalf of veterans. With the new software, a VSO representative who holds power of attorney for a veteran will be able to review medical information in the veteran's electronic record at VA health facilities – information that is needed to help prepare claims for benefits based on medical conditions. VA has incorporated two features to safeguard veterans' medical records. First, the software provides read-only access to medical files, which are protected by federal law. Second, the software limits a user's access to the medical records of only those patients for whom he or she holds a valid power of attorney. Currently, a VSO representative with power of attorney can request medical records in paper form from VA. With the new system, representatives will be able to review information electronically, speeding the claims

process for veterans. Representatives will have access to information from all VA hospitals in which a veteran was treated. VA plans to release the new software in late summer 2002.

VA ANNOUNCES MEMBERS OF EDUCATION ADVISORY COMMITTEE

VA Secretary Principi announced the membership of a 15-person committee that will advise him on education and training programs run by VA for veterans, military members and eligible dependents. VA provides education and training benefits to nearly 400,000 veterans, active duty military, reservists, members of the National Guard and eligible dependents. About 90 percent use their benefits for college and university-level courses. The members of VA's advisory panel, formally known as the Veterans Advisory Committee on Education, will consult with the Secretary on all issues concerning the delivery of educational benefits and services to veterans, including recommending new programs and long-range planning and development. Their proposals may involve administrative and regulatory modifications as well as legislative changes. Committee members are appointed for a term of two or three years and may be reappointed by the Secretary.

NEW WEBSITE PROVIDES RESEARCH INFO FOR GULF WAR VETS

Gulf War veterans and their families now have easy access to Gulf War-related medical research information on an Internet site called *Medsearch*. VA has combined resources with the Centers for Disease Control and Prevention and DoD to create this one stop shop of research information relating to the illnesses of some Gulf War veterans. Although there is no known definitive cause for the unexplained symptoms experienced by some veterans, more than \$213 million has gone into federal research. Over 40 percent of this research is still ongoing, not only in the search for the cause of the illness, but also to find more effective treatments. The new Web site was developed with veterans and researchers to ensure that *Medsearch* is user friendly – developers designed the Web site to serve the needs of both layperson and the researcher. The goal of *Medsearch* is to include information about all federally funded research into the illnesses of the Gulf War veterans in one centralized place. The site will be updated frequently to ensure that it contains the most recent and complete information available. Go to: <http://www.gulfink.osd.mil/medsearch>

VA REACHES OUT TO PROJECT SHAD VETERANS

VA has begun to contact those veterans who participated in certain military tests involving biological and chemical warfare materials during the 1960's. VA wants to inform those affected veterans about medical care and benefits to which they may be entitled. Initially, VA notified 622 of about 4,300 veterans already identified as participants in Project SHAD (Shipboard Hazard and Defense). This is a first of a continuing series of notices that will be mailed until all identified participants have been notified. From 1963 through 1970, DoD conducted tests to determine the effectiveness of shipboard detection and protective measures against chemical and biological threats, and to determine the potential risk to American forces. While much about the tests is still classified, DoD has begun to declassify the information VA would need to evaluate a veteran's application for benefits and has provided VA with information identifying the ships and units involved, dates of the tests, locations, information about the materials used and the possible health effects associated with the materials tested. VA will review the medical condition of Project SHAD veterans for unusual patterns of illnesses. Any eligible veteran's medical problem linked to Project SHAD can be treated at VA medical facilities and, potentially qualify the veteran for VA disability compensation. Go to: <http://www.index.med.va.gov/search97cgi/s97is.dll>.

VETERANS GET COST OF LIVING BENEFITS INCREASE

The House recently passed H.R. 4085, which would provide a cost of living increase for all veterans' benefits. The actual percentage of basic cost of living increase for veterans under H.R. 4085 will be the same as that approved by Congress for increases in Social Security payments for fiscal year 2003. The Congressional Budget Office projects that this increase will be 2.3 percent. Increases in both veterans' benefits and Social Security payments are considered and set annually by Congress as part of the federal budget process. Additionally, four key provisions from other proposed bills were included. H.R. 1108 would allow surviving spouses of veterans over 65 who remarry to continue receiving their benefits. H.R. 2222 would increase from \$90,000 to \$150,000 coverage under the Veterans Mortgage Life Insurance, and extends coverage to veterans over age 70. H.R. 3731 would increase to \$18 million per year funds extended to state agencies designated to check the qualifications of schools receiving Montgomery GI Bill payments, and H.R. 2095 would allow reservists to pay the same home loan fees as paid by active duty military personnel. After September 11th, President Bush said, *"We must remember that many who served in*

our military never lived to be called veterans. We must remember many had their lives changed forever by experiences or the injuries of combat. All veterans are examples of service and citizenship for every American to remember and follow."

VA SUPPORTS EXPANDING BENEFITS FOR FILIPINO VETS

In a June 13 hearing before the House Veterans Affairs Committee, VA Secretary Anthony J. Principi expressed his support for improved benefits for Filipino veterans. Legislation is pending before the House and Senate to expand benefit eligibility for VA health care, compensation and burial benefits. Principi expressed support for payment of full service-connected disability compensation rates for former New Philippine Scouts and full compensation rates to surviving spouses of all recognized Filipino veteran groups living in this country. Those individuals affected must be either a U.S. citizen or aliens admitted for permanent residence. The Scouts enlisted or reenlisted in Filipino-manned units of the U.S. Army on or after October 6, 1945. The Administration also supports offering health care on the same basis as U.S. veterans to New Philippine Scouts, veterans of the Commonwealth Army of the Philippines and recognized guerrilla forces who live in the U.S. legally. Currently, on a discretionary basis, if VA resources permit, and only for treatment of service-connected disabilities, New Philippine Scouts are eligible for care in the U.S. Other Filipino veterans groups are eligible for the same care as U.S. veterans receive only if they have service-connected disabilities. Secretary Principi plans to provide assistance of \$500,000 a year to furnish equipment, and to install and maintain it at the VA Memorial Hospital in Manila, operated by the Philippine Government.

PRESIDENT'S TASK FORCE TO IMPROVE HEALTH CARE FOR VETERANS

On May 28, 2001, President George W. Bush established the President's Task Force to Improve Health Care for Our Nation's Veterans. The President directed the Task Force to: identify ways to improve benefits and services for Department of Veterans Affairs beneficiaries and Department of Defense (DoD) military retirees who are also eligible for benefits from VA through better coordination of the activities of the two departments; review barriers and challenges that impede VA and DoD coordination; identify opportunities to improve business practices to ensure high quality and cost effective health care; and to identify opportunities for improved resource utilization through partnership between VA and DoD. The President's Task Force met on July 10.

TRANSITION ASSISTANCE IN THE VA MILITARY SERVICES PROGRAM

About 215,000 to 225,000 people are discharged from the military each year. VA has a long history of special efforts to bring information on benefits and services to active duty military personnel. These efforts include counseling through the Transition Assistance Program (TAP), a nationally coordinated federal effort to assist military men and women to ease the transition to civilian life through employment and job training assistance. A second component of the program, the Disabled Transition Assistance Program (DTAP), helps service members separated for medical reasons. While TAP and DTAP are the centerpieces, the broader definition encompasses pre-separation and retirement briefings, outreach to Reserve and National Guard units, and liaison and counseling services with various military post activities such as personal affairs, community affairs, and education offices. VA also operates a growing Benefits Delivery at Discharge program that assists service members at 128 participating military bases with development of VA disability compensation claims prior to their discharge. This fosters continuity of care between the military and VA systems and speeds up VA's processing of their application for compensation. This joint VA-DoD initiative is helping service members file for and receive service-connected disability compensation benefits more quickly than in the past. The goal is to adjudicate claims within 30 days of discharge by examining service members under VA protocols as part of the discharge process. By comparison, VA's national average processing time is 233 days for all types of claims requiring a rating. In the Benefits Delivery at Discharge program, the medical information needed to begin the VA file carries over from DoD to VA seamlessly. In addition, if a service member is found to be disabled, additional applicable vocational and employment services may be initiated in a timely manner. In fiscal year 2001, VA finalized 22,524 claims under the Benefits Delivery at Discharge program, representing 19 percent of the 120,000 first-time disability compensation claims processed by VA last year. VA estimates that more than a fourth of the claims for a service-connected disability filed by veterans during their first year after discharge are now handled through the Benefits Delivery at Discharge initiative. In addition to providing faster service to veterans, the instances of veterans filing a notice of disagreement with the VA finding in their claim, the first step in an appeal is extremely low, with only 83 such notices filed by veterans among the 22,524 claims processed under the program last year.

PRESIDENT PROPOSES NEW VETERANS EMPLOYMENT PROGRAM

The President has asked Congress to authorize a new, comprehensive employment program for veterans that would consolidate the federal government's job-search efforts for former service-members within VA. If approved, the new program called the Veterans Employment, Business Opportunity and Training (VEBOT) Program, would take effect in 2003 at a proposed cost of about \$197 million the first year and entail the transfer to VA of 199 civil service jobs from the Department of Labor. The unemployment rate for veterans between 20 and 24 years of age was 14.8 percent in the first quarter of 2002, compared to 5.1 percent unemployment for all veterans.

VETERANS' CLAIMS CONTINUATION ACT

H.R. 3733, the Veterans' Claims Continuation Act, a measure that would allow the families of veterans to continue claims for benefits which are pending at the time of a veteran's death, was recently introduced. This legislation would also allow for continuation of other claims, such as a claim for Dependency and Indemnity Compensation (DIC) by surviving spouses or claims by children eligible for benefits because of birth defects attributable to their parent's service during the Vietnam War. The legislation would assure that families receive the full benefits, which would have been paid if the claimant had survived. Currently, if a veteran or other claimant dies while a claim is pending, the claim is nullified. Under some circumstances, a new claim can be filed for "accrued benefits," however payment is extremely limited and all evidence supporting the claim is in the claimant's file at the time of death. No more than two years of retroactive benefits can be paid. VA Secretary Principi has recently mandated the expeditious processing of claims for older veterans, which should reduce the number of claims pending at the death of the claimant.

VA SETS NEW EXTENDED-CARE COPAYMENTS

The VA Secretary recently announced that some veterans without service-related medical problems would be charged new copayments for extended care. The new copayment is expected to affect between 2,000 and 3,000 veterans currently receiving extended care. Copayments will be individually tailored to the economic situation of veterans and their families. The following veterans will not be required to make extended-care copayments: Veterans with any compensable service-connected disability; veterans whose incomes are below the VA single pension level of \$9,556; and veterans who have received extended care from VA continuously since November 1999. Currently, higher income, nonservice-connected veterans pay \$5 per day, plus \$812 (Medicare deductible) for each 90 days of nursing home care. Under the new regulations, veterans will get the first 21 days of care free in any 12-month period. A complex formula will enable VA to individualize the copayments, with amounts varying from veteran to veteran. Among the factors used to determine the copayment would be the veteran's income and assets, as well as a daily \$20 allowance. You can view more at: <http://www.va.gov/publ/direc/health/direct/12002034.pdf>

ONLINE SYSTEM SPEEDS UP VETERANS' HOME LOAN APPLICATION

A new federal Internet-based system for mortgage bankers and other lenders will help speed up the processing of home loans for veterans through VA. After the veteran's information is entered by the financial institution providing the loan, the lender will receive a certificate authenticating the veteran's eligibility in seconds, rather than weeks. The new system, called Automated Certificate of Eligibility (ACE), should be especially beneficial for active duty members and veterans who are using their home loan benefit for the first time. Last year, VA guaranteed more than 250,000 loans valued at \$31.2 billion – approximately 80 percent of these loans require a certificate of eligibility. VA anticipates the ACE system will be able to generate a certificate for 30 to 50 percent of these loans. However, some loans will still require manual processing by VA, including veterans whose eligibility is based on National Guard or Reserve service, those with irregular discharges and those in several other situations. Where the new electronic system is used, the eligibility certificate will be printed from the lender's computer and it will be customized, bearing the date and lender's name as well as a unique authorization number. For the veteran, that represents a change from the traditional certificate process in which he or she often kept a copy of eligibility to take to the prospective

lender. No veteran will be rejected for home loans by the ACE system, and lenders will not be involved in deciding any eligibility issues. Any veteran whose eligibility involves special issues requiring the traditional staff review, may still request a certificate of eligibility in advance of approaching a bank or mortgage company. All lenders participating in the VA loan guarantee program have access to the system. To learn more, go to: www.homeloans.va.gov.

GEOGRAPHIC DISTRIBUTION OF VA EXPENDITURES (GDX)

GDX is an annual report that shows estimated VA expenditures for major programmatic areas by geographic location (state, county and congressional district). The programmatic areas are: Compensation and Pension; Readjustment (education) and Vocational Rehabilitation; Insurance; Construction and Medical and Administrative. GDX also shows the estimated veteran population for each state, county and congressional district. You can download or view at: <http://www.va.gov/vetdata/GeographicInformation/index.htm>

SUBTLE SYMPTOMS OF EPILEPSY OFTEN MISREAD IN ELDERLY

Some subtle symptoms, such as a strange sensation in one's stomach, a dreamy sense of déjà vu or a strange aftertaste might very well be classic signs of epilepsy. Commonly considered a childhood disorder, recently, epilepsy has become more common in the elderly. Dr. A. James Rowan of the Bronx VA Medical Center is directing one of the first major studies comparing epilepsy therapies for seniors. Epilepsy causes periodic electrical storms in the brain, and when circuits misfire and too many nerve cells become energized, a seizure occurs. More than 2 million Americans today have epilepsy - some were born with it and many of those diagnosed as children outgrow the disorder. Of the 181,000 people identified each year with new cases of epilepsy, 68,000 or approximately one-third are over the age of 64. More at: www.epilepsyfoundation.org. (Thanks to Dr. Claude Westerlain)

OBSCURE YET IMPORTANT DECLARATION OF INDEPENDENCE FACT

Have you ever wondered what happened to the 56 men who signed the Declaration of Independence? Five signers were captured by the British as traitors, and tortured before they died. Twelve had their homes ransacked and burned. Two lost their sons serving in the Revolutionary Army - another had two sons captured. Nine of the 56 fought and died from wounds or hardships of the Revolutionary War. They signed and they pledged their lives, their fortunes, and their sacred honor. What kind of men were they? Twenty-four were lawyers and jurists. Eleven were merchants, nine were farmers and large plantation owners; men of means, and well educated. But they signed the Declaration of Independence knowing full well that the penalty would be death, if they were captured. Carter Braxton of Virginia, a wealthy planter and trader, saw his ships swept from the seas by the British Navy. He sold his home and properties to pay his debts, and died in rags. Thomas McKeam was so hounded by the British that he was forced to move his family almost constantly. He served in the Congress without pay, and his family was kept in hiding. His possessions were taken from him, and poverty was his reward. Vandals or soldiers looted the properties of Dillery, Hall, Clymer, Walton, Gwinnett, Heyward, Rutledge, and Middleton. At the battle of Yorktown, Thomas Nelson, Jr., noted that British General Cornwallis had taken over the Nelson home for his headquarters. He quietly urged General George Washington to open fire. The home was destroyed, and Nelson died bankrupt. Francis Lewis had his home and properties destroyed. The enemy jailed his wife, and she died within a few months. John Hart was driven from his wife's bedside as she was dying. Their 13 children fled for their lives. His fields and his gristmill were laid to waste. For more than a year he lived in forests and caves, returning home to find his wife dead and his children vanished. A few weeks later he died from exhaustion and a broken heart. Norris and Livingston suffered similar fates. Such were the stories and sacrifices of the American Revolution. These were not wild-eyed, rabble-rousing ruffians. They were soft-spoken men of means and education. They had security, but they valued liberty more. Standing tall, straight, and unwavering, they pledged: "For the support of this declaration, with firm reliance on the protection of the divine providence, we mutually pledge to each other, our lives, our fortunes, and our sacred honor." They gave you and me a free and independent America. The history books never told you a lot of what happened in the Revolutionary War. We didn't just fight the British. We were British subjects at that time and we fought our own government! Some of us take these liberties so

much for granted, we shouldn't. So, take a couple of minutes while enjoying your every day freedoms and silently thank these patriots.

If you know of any obscure fact or interesting information, please let us know and we may print. Please <mailto:david.katz3@med.va.gov>.